

01-878

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  X <u>Laura Hatala</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <u>01-878</u></p>		<p>B. Received by (Printed Name) <u>SCRANTON</u> C. Date of Delivery <u>FILED OCT 15 2004</u></p>	
<p>Deputy Attorney General of PA  15th Floor  Strawberry Square  Harrisburg, PA 17120</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, enter delivery address below:  <u>OCT 18 2004</u></p>	
<p>2. Article Number  (Transfer from service label) <u>7004 0750 0002 6208 6388</u></p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>PS Form 3811, February 2004</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

Domestic Return Receipt

102595-02-M-1540

FILED  
SCRANTON

OCT 18 2004

PER DEPUTY CLERK